

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

ADDRESS (number and street)

8951 BONITA BEACH RD STE 525-V2014

Check if different
than previously
reported. (ACC)

BONITA SPRINGS

FL

34135

2. FEC IDENTIFICATION NUMBER ▼

C

C00554972

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

FL

19

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
08 / 26 / 2014in the
State of

FL

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
07 / 15 / 2014

through

M M / D D / Y Y Y Y
08 / 06 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MARK BREBBERMAN

Signature of Treasurer

MARK BREBBERMAN

[Electronically Filed]

Date

M M / D D / Y Y Y Y
08 / 14 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

PAGE 2 / 39

Write or Type Committee Name

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	6556.28	497630.45
(b) Total Contribution Refunds (from Line 20(d))	0.00	750.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	6556.28	496880.45
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	206296.18	4311666.49
(b) Total Offsets to Operating Expenditures (from Line 14).....	133.59	460.59
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	206162.59	4311205.90
8. Cash on Hand at Close of Reporting Period (from Line 27).....	10674.55	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	3825000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 39

Write or Type Committee Name

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

3153.00

413535.12

(ii) Unitemized.....

1403.28

54535.72

(iii) TOTAL of contributions from individuals ▶

4556.28

468070.84

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

2000.00

19250.00

(d) The Candidate.....

0.00

10309.61

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

6556.28

497630.45

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

3825000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

3825000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

133.59

460.59

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

6689.87

4323091.04

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 39

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	206296.18	4311666.49
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	750.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	750.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	206296.18	4312416.49

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	210280.86
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6689.87
25. SUBTOTAL (add Line 23 and Line 24).....	216970.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	206296.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10674.55

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 39

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

MR. DENNIS A CALVANESE

A.

 Mailing Address 5555 HERON POINT DRIVE
 PH 1

City	State	Zip Code
NAPLES	FL	34108

FEC ID number of contributing federal political committee.

C

 Name of Employer
 RETIRED

 Occupation
 RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : SA11AI.7790

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MR. GEORGE M HILLENBRAND III

B.

Mailing Address 330 MITCHELL AVENUE

City	State	Zip Code
BATESVILLE	IN	47006

FEC ID number of contributing federal political committee.

C

 Name of Employer
 ENTREPRENEUR

 Occupation
 ENTREPRENEUR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : SA11AI.7789

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MS MARY CLARE HOHMANN

C.

Mailing Address 212 COLONADE CIR

City	State	Zip Code
NAPLES	FL	34103

FEC ID number of contributing federal political committee.

C

 Name of Employer
 RETIRED

 Occupation
 RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : SA11AI.7781

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1600.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 6 OF 39
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

MR. JOHN KLOSTERMAN

Mailing Address 25825 HICKORY BLVD

City

BONITA SPRINGS

State

FL

Zip Code

34134

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 06 2014

Transaction ID : SA11AI.7780

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

MR. DAVID A NICHOLS

Mailing Address 27271 BELLE RIO DRIVE

City

BONITA SPRINGS

State

FL

Zip Code

34135

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 07 30 2014

Transaction ID : SA11AI.7779

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

MR. JAMES A QUAREMBA

Mailing Address 5051 PELICAN COLONY BLVD
UNIT 1604

City

BONITA SPRINGS

State

FL

Zip Code

34134

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1493.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 01 2014

Transaction ID : SA11AI.7773

Amount of Each Receipt this Period

53.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

253.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

MR. EDWARD L. SCANLON

Mailing Address 8473 BAYCOLONY DRIVE

#1604

City

NAPLES

State

FL

Zip Code

34108

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : SA11Al.7784

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

MR. JOHN SKUBICK

Mailing Address 791 106TH AVE N

City

NAPLES

State

FL

Zip Code

34108

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		28		2014

Transaction ID : SA11Al.7778

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

MR. DOUGLAS VANOORT

Mailing Address 3275 REGATTA ROAD

City

NAPLES

State

FL

Zip Code

34103

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEOGENOMICS LABORATORY

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Transaction ID : SA11Al.7792

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00

3153.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

PIONEER POLITICAL ACTION COMMITTEEMailing Address 701 8TH STREET, NW
SUITE 500

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing
federal political committee.**C** C00325357

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2014

Transaction ID : SA11C.7794

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

2000.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. ALAMO RENT A CAR

Mailing Address 600 CORPORATE PARK DRIVE

City	State	Zip Code
ST. LOUIS	MO	63105

Purpose of Disbursement
JAMES REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:	House	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 15 / 2014

Amount of Each Disbursement this Period

87.56

Transaction ID : SB17.7730

[MEMO ITEM]**B. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement
JAMES REIMBURSEMENT: TRAVEL: RAIL

Candidate Name

Office Sought:	House	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 15 / 2014

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.7736

[MEMO ITEM]**C. BED BATH & BEYOND**Mailing Address 13585 TAMIAMI TRAIL N
UNIT #6

City	State	Zip Code
NAPLES	FL	34110

Purpose of Disbursement
WRIGHT REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:	House	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 22 / 2014

Amount of Each Disbursement this Period

52.95

Transaction ID : SB17.7715

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 39

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. BICE RESTAURANT

Mailing Address 23161 VILLAGE SHOPS WAY

City	State	Zip Code
BONITA SPRINGS	FL	34135

Purpose of Disbursement
WRIGHT REIMBURSEMENT: TRAVEL:FOOD

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

42.00

Transaction ID : SB17.7721

[MEMO ITEM]**B. BONITA SPRINGS CHAMBER OF COMMERCE**

Mailing Address 25071 CHAMBER OF COMMERCE DRIVE

City	State	Zip Code
BONITA SPRINGS	FL	34135

Purpose of Disbursement
WRIGHT REIMBURSEMENT: EVENT REGISTRATION

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

35.00

Transaction ID : SB17.7713

[MEMO ITEM]**C. MARK BREBBERMAN**Mailing Address 8951 BONITA BEACH ROAD
SUITE 525 - V 2014

City	State	Zip Code
BONITA SPRINGS	FL	34135

Purpose of Disbursement
REIMBURSEMENTS: SEE MEMOS

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

Amount of Each Disbursement this Period

1406.18

Transaction ID : SB17.7688

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1406.18

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 39

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. MARK BREBBERMANMailing Address 8951 BONITA BEACH ROAD
SUITE 525 - V 2014

City BONITA SPRINGS State FL Zip Code 34135

Purpose of Disbursement
TRAVEL: MILEAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

Amount of Each Disbursement this Period

58.10

Transaction ID : SB17.7689

B. CHECKER

Mailing Address 160 AVIATION DRIVE NORTH

City NAPLES State FL Zip Code 34104

Purpose of Disbursement
BREBBERMAN REIMBURSEMENT: TRAVEL:GROUND
TRANSPORTATION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

Amount of Each Disbursement this Period

28.70

Transaction ID : SB17.7705

[MEMO ITEM]

C. DELTA AIR LINES, INC.

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
JAMES REIMBURSEMENT: TRAVEL: AIR

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

Amount of Each Disbursement this Period

125.00

Transaction ID : SB17.7728

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

58.10

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 39

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 3885 MERCANTILE AVE

City	State	Zip Code
NAPLES	FL	34104

Purpose of Disbursement
WRIGHT REIMBURSEMENT: DELIVERY SERVICES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

70.88

Transaction ID : SB17.7723

[MEMO ITEM]**B. HAAS ROOFING DEBRIS SERVICE, INC.**

Mailing Address PO BOX 457

City	State	Zip Code
ALVA	FL	33920

Purpose of Disbursement
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.7684

C. HOMEWOOD SUITES

Mailing Address 8901 HIGHLAND WOODS BLVD

City	State	Zip Code
BONITA SPRINGS	FL	34135

Purpose of Disbursement
JAMES REIMBURSEMENT: TRAVEL: LODGING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

Amount of Each Disbursement this Period

119.88

Transaction ID : SB17.7732

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. HYATT

Mailing Address 5001 COCONUT RD

City	State	Zip Code
BONITA SPRINGS	FL	34134

Purpose of Disbursement
WRIGHT REIMBURSEMENT: TRAVEL:FOOD

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

11.25

Transaction ID : SB17.7709

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DAVID JAMESMailing Address 401 12TH STREET SOUTH
#2022

City	State	Zip Code
ARLINGTON	VA	22202

Purpose of Disbursement
REIMBURSEMENTS: SEE MEMOS

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

Amount of Each Disbursement this Period

826.42

Transaction ID : SB17.7681

Full Name (Last, First, Middle Initial)

C. DAVID JAMESMailing Address 401 12TH STREET SOUTH
#2022

City	State	Zip Code
ARLINGTON	VA	22202

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

Amount of Each Disbursement this Period

428.12

Transaction ID : SB17.7682

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1254.54

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. LEE COUNTY SHERIFF'S OFFICEMailing Address ATTN: FINANCE DEPARTMENT
14750 SIX MILE CYPRESS PKWYCity State Zip Code
FT. MYERS FL 33912Purpose of Disbursement
EVENT SECURITY

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

Amount of Each Disbursement this Period

215.00

Transaction ID : SB17.7687

B. MAJESTIC TRANSPORTATION SERVICES, INC.

Mailing Address 15501-5 OLD MCGREGOR BLVD

City State Zip Code
FORT MYERS FL 33908Purpose of Disbursement
BREBBERMAN REIMBURSEMENT: TRAVEL:GROUND
TRANSPORTATION

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

Amount of Each Disbursement this Period

40.00

Transaction ID : SB17.7701

[MEMO ITEM]

C. MARC RAIL

Mailing Address PO BOX 8766

City State Zip Code
BWI AIRPORT MD 21240Purpose of Disbursement
JAMES REIMBURSEMENT: TRAVEL: RAIL

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

Amount of Each Disbursement this Period

5.00

Transaction ID : SB17.7734

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

215.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 39

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. MODELL'S

Mailing Address 1201 S HAYES ST

City	State	Zip Code
ARLINGTON	VA	22202

Purpose of Disbursement
JAMES REIMBURSEMENT: EVENT STAGING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 15 / 2014

Amount of Each Disbursement this Period

31.79

Transaction ID : SB17.7740

[MEMO ITEM]**B. NAPLES DAILY NEWS**

Mailing Address 1100 IMMOKALEE ROAD

City	State	Zip Code
NAPLES	FL	34110

Purpose of Disbursement
JAMES REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 15 / 2014

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.7725

[MEMO ITEM]**C. NEWS PRESS DIGITAL**

Mailing Address 1100 IMMOKALEE ROAD

City	State	Zip Code
NAPLES	FL	34110

Purpose of Disbursement
JAMES REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 15 / 2014

Amount of Each Disbursement this Period

16.96

Transaction ID : SB17.7727

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 39

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. PAGELLI'S

Mailing Address 8017 PLAZA DEL LAGO #101

City	State	Zip Code
ESTERO	FL	33928

Purpose of Disbursement
WRIGHT REIMBURSEMENT: TRAVEL:FOOD

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 22 / 2014

Amount of Each Disbursement this Period

52.00

Transaction ID : SB17.7722

[MEMO ITEM]**B. PARTY CITY**

Mailing Address 8070 MEDITERRANEAN DRIVE

City	State	Zip Code
ESTERO	FL	33928

Purpose of Disbursement
WRIGHT REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 22 / 2014

Amount of Each Disbursement this Period

353.30

Transaction ID : SB17.7706

[MEMO ITEM]**C. PRICELINE**

Mailing Address 800 CONNECTICUT AVE

City	State	Zip Code
NORWALK	CT	06854

Purpose of Disbursement
BREBBERMAN REIMBURSEMENT: TRAVEL:AIR

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 15 / 2014

Amount of Each Disbursement this Period

615.50

Transaction ID : SB17.7697

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 39

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. PUBLIX

Mailing Address 26841 S TAMIAMI TRIAL

City	State	Zip Code
BONITA SPRINGS	FL	34134

Purpose of Disbursement
WRIGHT REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 22 / 2014

Amount of Each Disbursement this Period

171.42

Transaction ID : SB17.7716

[MEMO ITEM]**B. RED CURVE SOLUTIONS**Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City	State	Zip Code
BEVERLY	MA	01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 31 / 2014

Amount of Each Disbursement this Period

2404.32

Transaction ID : SB17.7670

C. SCM ASSOCIATES, INC.

Mailing Address 1283 MAIN ST.

City	State	Zip Code
DUBLIN	NH	03444

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 25 / 2014

Amount of Each Disbursement this Period

1909.83

Transaction ID : SB17.7691

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4314.15

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 39

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. SECOND CUP COFFEE

Mailing Address 9106 STRADA PLACE

City	State	Zip Code
NAPLES	FL	34108

Purpose of Disbursement
WRIGHT REIMBURSEMENT: TRAVEL:FOOD

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

7.89

Transaction ID : SB17.7711

[MEMO ITEM]**B. SEVEN ELEVEN**

Mailing Address 4520 BONITA BEACH ROAD

City	State	Zip Code
BONITA SPRINGS	FL	34134

Purpose of Disbursement
WRIGHT REIMBURSEMENT: TRAVEL:FOOD

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

17.11

Transaction ID : SB17.7718

[MEMO ITEM]**C. SPIRIT AIR**

Mailing Address 2800 EXECUTIVE WAY

City	State	Zip Code
MIRAMAR	FL	33025

Purpose of Disbursement
BREBBERMAN REIMBURSEMENT: TRAVEL:AIR

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

Amount of Each Disbursement this Period

655.98

Transaction ID : SB17.7699

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. STARBUCKS

Mailing Address 10801 CORKSCREW RD

City	State	Zip Code
ESTERO	FL	33928

Purpose of Disbursement
WRIGHT REIMBURSEMENT: TRAVEL:FOOD

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

15.25

Transaction ID : SB17.7712

[MEMO ITEM]**B. STRATEGIC NATIONAL LLC**

Mailing Address 27499 RIVERVIEW CENTER BLVD.

City	State	Zip Code
BONITA SPRINGS	FL	34134

Purpose of Disbursement
PLACED MEDIA

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

Amount of Each Disbursement this Period

25000.00

Transaction ID : SB17.7671

C. STRATEGIC NATIONAL LLC

Mailing Address 27499 RIVERVIEW CENTER BLVD.

City	State	Zip Code
BONITA SPRINGS	FL	34134

Purpose of Disbursement
PLACED MEDIA

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

Amount of Each Disbursement this Period

40760.68

Transaction ID : SB17.7672

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

65760.68

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 39

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. STRATEGIC NATIONAL LLC

Mailing Address 27499 RIVERVIEW CENTER BLVD.

City	State	Zip Code
BONITA SPRINGS	FL	34134

Purpose of Disbursement
PLACED MEDIA

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2014

Amount of Each Disbursement this Period

7500.00

Transaction ID : SB17.7692

B. TARGET

Mailing Address 8040 MEDITERRANEAN DR

City	State	Zip Code
ESTERO	FL	33928

Purpose of Disbursement
WRIGHT REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

519.14

Transaction ID : SB17.7719

[MEMO ITEM]

C. THE PORT ROYAL CLUB

Mailing Address 2900 GORDON DRIVE

City	State	Zip Code
NAPLES	FL	34102

Purpose of Disbursement
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		24		2014

Amount of Each Disbursement this Period

1612.53

Transaction ID : SB17.7694

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9112.53

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 39

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. THE SIMMONS GROUP

Mailing Address 3291 RIVERPARK CT.

City	State	Zip Code
BONITA SPRINGS	FL	34134

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

Amount of Each Disbursement this Period

7	3	2	5	2	9	.	8	3
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Transaction ID : SB17.7695

B. THE STRATEGY GROUP FOR MEDIA

Mailing Address 7669 STAGERS LOOP

City	State	Zip Code
DELAWARE	OH	43015

Purpose of Disbursement
VIDEO PRODUCTION SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

Amount of Each Disbursement this Period

1	1	0	0	0	0	.	0	0
---	---	---	---	---	---	---	---	---

Transaction ID : SB17.7673

C. THE STRATEGY GROUP FOR MEDIA

Mailing Address 7669 STAGERS LOOP

City	State	Zip Code
DELAWARE	OH	43015

Purpose of Disbursement
VIDEO PRODUCTION SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

Amount of Each Disbursement this Period

3	0	0	0	0	0	.	0	0
---	---	---	---	---	---	---	---	---

Transaction ID : SB17.7674

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7	3	5	2	9	.	8	3
---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. THE STRATEGY GROUP FOR MEDIA

Mailing Address 7669 STAGERS LOOP

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

City	State	Zip Code
DELAWARE	OH	43015

Amount of Each Disbursement this Period

41940.00

Purpose of Disbursement
VIDEO PRODUCTION SERVICESCategory/
Type**Transaction ID : SB17.7675**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. THE UPS STOREMailing Address 8951 BONITA BEACH ROAD
Suite 525

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2014

City	State	Zip Code
BONITA SPRINGS	FL	34135

Amount of Each Disbursement this Period

26.50

Purpose of Disbursement
DELIVERY SERVICESCategory/
Type**Transaction ID : SB17.7676**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. THE UPS STOREMailing Address 8951 BONITA BEACH ROAD
Suite 525

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2014

City	State	Zip Code
BONITA SPRINGS	FL	34135

Amount of Each Disbursement this Period

10.38

Purpose of Disbursement
DELIVERY SERVICESCategory/
Type**Transaction ID : SB17.7677**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

41976.88

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. TRANSAXT

Mailing Address 190 MONROE AVENUE NW, STE. 500

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

City	State	Zip Code
GRAND RAPIDS	MI	49503

Amount of Each Disbursement this Period

20.70

Purpose of Disbursement
MERCHANT FEESCategory/
Type**Transaction ID : SB17.7678**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

B. TRANSAXT

Mailing Address 190 MONROE AVENUE NW, STE. 500

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

City	State	Zip Code
GRAND RAPIDS	MI	49503

Amount of Each Disbursement this Period

62.47

Purpose of Disbursement
MERCHANT FEESCategory/
Type**Transaction ID : SB17.7679**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

C. US PARK ON MIDDLEBELT

Mailing Address 9601 MIDDLEBELT RD.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

City	State	Zip Code
ROMULUS	MI	48174

Amount of Each Disbursement this Period

66.00

Purpose of Disbursement
BREBBERMAN REIMBURSEMENT: TRAVEL:GROUND
TRANSPORTATIONCategory/
Type**Transaction ID : SB17.7703****[MEMO ITEM]**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

83.17

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 26150 OLD 41 RD

City	State	Zip Code
BONITA SPRINGS	FL	34135

Purpose of Disbursement
WRIGHT REIMBURSEMENT: POSTAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

35.44

Transaction ID : SB17.7707

[MEMO ITEM]**B. USPS**

Mailing Address 26150 OLD 41 RD

City	State	Zip Code
BONITA SPRINGS	FL	34135

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2014

Amount of Each Disbursement this Period

19.99

Transaction ID : SB17.7680

C. VERIZON WIRELESS

Mailing Address 1100 S HAYES ST

City	State	Zip Code
ARLINGTON	VA	22202

Purpose of Disbursement
JAMES REIMBURSEMENT: MOBILE PHONE EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

Amount of Each Disbursement this Period

375.23

Transaction ID : SB17.7738

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

19.99

--

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 26 OF 39

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5801

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial)

CURTIS J CLAWSON

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

8951 BONITA BEACH RD STE 525-V2014

City

State

ZIP Code

BONITA SPRINGS

FL

34135

Original Amount of Loan

200000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
01 / 24 / 2014

Date Due

M M / D D / Y Y Y Y
12/31/2014

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

200000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 27 OF 39

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5803

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**LOAN SOURCE** Full Name (Last, First, Middle Initial)**CURTIS J CLAWSON**

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Special-Primary

Mailing Address

8951 BONITA BEACH RD STE 525-V2014

City

State

ZIP Code

BONITA SPRINGS

FL

34135

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
02 / 04 / 2014

Date Due

M M / D D / Y Y Y Y
12/31/2014

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

150000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 28 OF 39

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5804

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**LOAN SOURCE** Full Name (Last, First, Middle Initial)**CURTIS J CLAWSON**

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Special-Primary

Mailing Address

8951 BONITA BEACH RD STE 525-V2014

City

State

ZIP Code

BONITA SPRINGS

FL

34135

Original Amount of Loan

200000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
02 / 11 / 2014

Date Due

M M / D D / Y Y Y Y
12/31/2014

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

200000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 29 OF 39

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5805

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**LOAN SOURCE** Full Name (Last, First, Middle Initial)**CURTIS J CLAWSON**

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Special-Primary

Mailing Address

8951 BONITA BEACH RD STE 525-V2014

City

State

ZIP Code

BONITA SPRINGS

FL

34135

Original Amount of Loan

300000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
02 / 18 / 2014

Date Due

M M / D D / Y Y Y Y
12/31/2014

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

300000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 30 OF 39

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5806

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**LOAN SOURCE** Full Name (Last, First, Middle Initial)**CURTIS J CLAWSON**

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Special-Primary

Mailing Address

8951 BONITA BEACH RD STE 525-V2014

City

State

ZIP Code

BONITA SPRINGS

FL

34135

Original Amount of Loan

350000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

350000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
02 / 25 / 2014

Date Due

M M / D D / Y Y Y Y
12/31/2014

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

350000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 31 OF 39

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5807

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**LOAN SOURCE** Full Name (Last, First, Middle Initial)**CURTIS J CLAWSON**

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Special-Primary

Mailing Address

8951 BONITA BEACH RD STE 525-V2014

City

BONITA SPRINGS

State

FL

ZIP Code

34135

Original Amount of Loan

250000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 04 / 2014

Date Due

M M / D D / Y Y Y Y
12/31/2014

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

250000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 32 OF 39

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5808

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**LOAN SOURCE** Full Name (Last, First, Middle Initial)**CURTIS J CLAWSON**

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Special-Primary

Mailing Address

8951 BONITA BEACH RD STE 525-V2014

City

State

ZIP Code

BONITA SPRINGS

FL

34135

Original Amount of Loan

300000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 11 / 2014

Date Due

M M / D D / Y Y Y Y
12/31/2014

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

300000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 33 OF 39

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5809

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**LOAN SOURCE** Full Name (Last, First, Middle Initial)**CURTIS J CLAWSON**

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Special-Primary

Mailing Address

8951 BONITA BEACH RD STE 525-V2014

City

State

ZIP Code

BONITA SPRINGS

FL

34135

Original Amount of Loan

300000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 17 / 2014

Date Due

M M / D D / Y Y Y Y
12/31/2014

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

300000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5810

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**LOAN SOURCE** Full Name (Last, First, Middle Initial)**CURTIS J CLAWSON**

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Special-Primary

Mailing Address

8951 BONITA BEACH RD STE 525-V2014

City

State

ZIP Code

BONITA SPRINGS

FL

34135

Original Amount of Loan

300000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 24 / 2014

Date Due

M M / D D / Y Y Y Y
12/31/2014

Interest Rate

0.00

% (apr)

Secured:

☒ Yes☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

300000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5811

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**LOAN SOURCE** Full Name (Last, First, Middle Initial)**CURTIS J CLAWSON**

Election: 2014

☐ Primary☐ General☒ Other (specify) ▼

Special-Primary

Mailing Address

8951 BONITA BEACH RD STE 525-V2014

City

State

ZIP Code

BONITA SPRINGS

FL

34135

Original Amount of Loan

300000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
04 / 02 / 2014

Date Due

M M / D D / Y Y Y Y
12/31/2014

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

300000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 36 OF 39

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6205

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2014

CURTIS J CLAWSON☐ Primary☐ General☒ Other (specify) ▼

Special-Primary

Mailing Address

8951 BONITA BEACH RD STE 525-V2014

City

State

ZIP Code

BONITA SPRINGS

FL

34135

Original Amount of Loan

750000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

750000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
04 / 11 / 2014

Date Due

M M / D D / Y Y Y Y
12/31/2014

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

750000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 37 OF 39

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6206

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2014

CURTIS J CLAWSON☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

8951 BONITA BEACH RD STE 525-V2014

City

State

ZIP Code

BONITA SPRINGS

FL

34135

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
04 / 30 / 2014

Date Due

M M / D D / Y Y Y Y
12/31/2014

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

25000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 38 OF 39

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6207

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2014

CURTIS J CLAWSON☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

8951 BONITA BEACH RD STE 525-V2014

City

State

ZIP Code

BONITA SPRINGS

FL

34135

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

225000.00

0.00

225000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
06 03 / 2014M M / D D / Y Y Y Y
12/31/2014

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

225000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 39 OF 39

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7288

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]**CURTIS J CLAWSON**

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

8951 BONITA BEACH RD STE 525-V2014

City

State

ZIP Code

BONITA SPRINGS

FL

34135

Original Amount of Loan

175000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

175000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 14 / 2014

Date Due

M M / D D / Y Y Y Y
12/31/2014

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

175000.00

TOTALS This Period (last page in this line only)..... ►

3825000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.